

# DO/EO WORKSHEET

Paralegal/National Stage Division

U.S. Appl. No.

10/511861

International Appl. No.

A403/00443

Application filed by :

☒ 30 months

## WIPO PUBLICATION INFORMATION:

Publication No.: WO03, 089803

Publication Language: ☒ English ☐ German ☐ French ☐ Japanese  
☐ Russian ☐ Korean ☐ Other: \_\_\_\_\_

Publication Date: 30 Oct 03

Not Published: ☐ U.S. only designated ☐ EP request

Published: ☐ EP req

## INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE:

☒ International Application

☐ Request form PCT/RO/101

☐ Article 19 Amendments

☐ PCT/ISA/110 - Search Report

☐ PCT/IB/331

☐ Search Report References

☒ PCT/PEA/409 IPER (PCT/PEA/416 on front)

☐ PCT/IB/306 - Notification of a Change

☐ Annexes to 409 (Article 34 Amendment)

☐ Other: \_\_\_\_\_

☐ Priority Document (s) No. \_\_\_\_\_

## RECEIPTS FROM THE APPLICANT:

☒ Basic National Fee (or authorization to charge)

☒ Preliminary Amendment(s) Filed on :

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

☒ Description

☐ Information Disclosure Statement(s) Filed on :

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

☒ Claims

☒ Assignment Document (forwarded to Assignment Branch)

☒ Drawing Figure(s) - (# of dwgs 3)

☐ Assignee PG Publication Notice

☐ Translation of Article 19 Amendments

☐ Substitute Specification Filed on :

1. \_\_\_\_\_ 2. \_\_\_\_\_

☐ entered ☐ not entered :

☐ not a page for page substitution  
☐ replaced by Article 34 Amendment

☐ Translation of Annexes to 409

☐ Verified Small Status Statement (executed)

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☒ Oath/Declaration (executed)

☐ surcharge was paid at the time of filing

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☐ other: \_\_\_\_\_

☐ DNA Diskette

☐ Sequence Listing

☐ Application Data Sheet

☐ Other: 1. \_\_\_\_\_

☐ Power of Attorney ☐ Change of Address

☐ Other: 1. \_\_\_\_\_

## NOTES:

☐ I.A. used as Specification ☐ Other: \_\_\_\_\_

35 U.S.C. 371 - Receipt of Request

Date Acceptable Oath/Declaration Received

15 Oct 04  
08 Feb 05

Date of Completion of requirements under 35 U.S.C. 311(a)(1), (a)(2) and (a)(4)

Date of Completion of ALL requirements under 35 U.S.C. 371

Date of Completion of DO/EO 903 - Notification of Acceptance

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 909 - Notification of Abandonment

☐ EP ☐ JP ☐ SE ☐ AU ☐ US ☐

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